

Tetrachloroethylene (PCE) Report

		NIVIA I I	ON: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form City / Town:											
PWS ID #:					City / Tov	wn:	PWS CI	0001	COM [NTNC	☐ TNC ☐			
PVV	5 Name:							PWSCI	ass.	СОМ	NINC	_ INC _		
DEP LOCATION (LOC) ID#			DEP Location Name					Sample Acidified?	Date (Collected	Col	lected By		
Α	Α							Yes 🗌						
В								Yes 🗌						
С	С							Yes 🗌						
D	D							Yes 🗌						
	Routine or Special Sample		Original, Resubmitted or Confirmation Report			(1) Reas	If Resubmitted Repo (1) Reason for Resubmission			port, list below: (2) Collection Date of Original Sample				
Α	☐RS [SS	☐ Original ☐ Resubmitted ☐ Confirmation			☐ Resample ☐ Reanalysis ☐ Report Correction			rection	on				
В	□RS [SS	☐ Orig	inal Resubmitted	Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction								
С	□RS [☐ RS ☐ SS ☐ Original ☐ Resubmitted ☐			Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction								
D	□RS [∃ss	☐ Orig	inal ☐ Resubmitted ☐	Confirmation	☐ Resample ☐ F	☐ Resample ☐ Reanalysis ☐ Report Correction							
	SAMPLE N	SAMPLE NOTES – (Such as, information on bleeder at location: on / off / not applicable).												
Α														
В														
С														
D														
	II. ANALYTICAL LABORATORY INFORMATION:													
II. A	NALYTIC	AL LA	BORATO	ORY INFORMATION	ON:									
	ANALYTIC				ON: Lab Name:					Subc	ontracted	? (Y/N)		
Prir		A Cert.	#:	Primary						Subo	contracted	? (Y/N)		
Prir Ana	nary Lab M	A Cert.	#:	Primary	Lab Name:	Date Analyzed	La Sampl			Subc		? (Y/N) Surrogate #2 Recovery		
Prir Ana	nary Lab M Ilysis Lab N PCE	A Cert. MA Cert	#: :.#:	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				rogate #1		Surrogate #2		
Prir Ana Res	nary Lab M Ilysis Lab N PCE	A Cert. MA Cert MCL (μg/L)	#: :.#:	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				rogate #1 ecovery		Surrogate #2 Recovery		
Prir Ana Res	nary Lab M Ilysis Lab N PCE	A Cert. MA Cert MCL (μg/L)	#: :.#:	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				rogate #1 ecovery		Surrogate #2 Recovery		
Prir Ana Res A B	nary Lab M Ilysis Lab N PCE	A Cert. MCL (μg/L) 5	#: :.#:	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				%		Surrogate #2 Recovery %		
Prir Ana Res A B	nary Lab M Ilysis Lab N PCE	A Cert. MCL (μg/L) 5 5 5	#: #: MDL (µg/L)	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				%		Surrogate #2 Recovery % %		
Prirr Anaa Res	nary Lab M nlysis Lab M PCE sult (μg/L)	A Cert. MCL (μg/L) 5 5 5	#: #: MDL (µg/L)	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				%		Surrogate #2 Recovery % %		
Rest A B C D	nary Lab M nlysis Lab M PCE sult (μg/L)	A Cert. MCL (μg/L) 5 5 5	#: #: MDL (µg/L)	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				%		Surrogate #2 Recovery % %		
Res A B C D A B C	nary Lab M nlysis Lab M PCE sult (μg/L)	A Cert. MCL (μg/L) 5 5 5	#: #: MDL (µg/L)	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				%		Surrogate #2 Recovery % %		
Rest A B C D	nary Lab M nlysis Lab M PCE sult (μg/L)	A Cert. MCL (μg/L) 5 5 5	#: #: MDL (µg/L)	Primary Analysis	Lab Name: Lab Name: Date Extracted	Date Analyzed				%		Surrogate #2 Recovery % % %		
Residence A B C D D I cerout to	PCE sult (μg/L) LAB SAMP	MCL (μg/L) 5 5 5 chapter of the information of	#: MDL (µg/L) ES	Analysis Lab Method m the person authorize ained herein is true, ac	Lab Name: Lab Name: Date Extracted (551.1 only)	Date Analyzed Primary Lab D	Sampl	e ID#		%		Surrogate #2 Recovery % % %		
Reservation Analogue A B C D D I cere out a and	PCE sult (µg/L) LAB SAMP	MCL (µg/L) 5 5 5 chapter of the information of the best of the second of the secon	#: MDL (µg/L) ES I law that I a mation contextent of my	Analysis Lab Method muthe person authorize ained herein is true, ac is knowledge.	Lab Name: Date Extracted (551.1 only)		Sampl	signature:		%		Surrogate #2 Recovery % % %		